

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097856157**

FILING DATE

APPLICANT(S)

**2-5-04 7-12-04 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		①		2		2
5		①		2		1
6		①		2		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13				1		1
14				2		1
15				2		1
16				2		1
17				2		1
18				1		1
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TOTAL IND.	1	0	1	0	1	0
TOTAL DEP.	6	0	26	0	13	0
TOTAL CLAIMS	7	0	27	0	14	0

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS